


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90050 026 \*\*\*150.00

<b>DOCUMENT # P04000069020</b>	
1. Entity Name COASTAL WELL DRILLING OF S.W. FLA., INC.	

Principal Place of Business 2560 EVANS AVENUE FORT MYERS, FL 33901	Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. P.O. DRAWER 60205 FORT MYERS, FL 33906
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03282007 Chg-P CR2E034 (12/06)

4. FEI Number  
45-0538334

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROYSTON, ROBERT D ESQ. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD	TITLE	
NAME	WHITEMAN, HOLLY M	NAME	
STREET ADDRESS	805 S.W. 4TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33991	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	WILLIAMS, BOBBY G	NAME	
STREET ADDRESS	416 S.W. 39TH STREET	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	WILLIAMS, GARY LEE	NAME	
STREET ADDRESS	2512 6TH STREET WEST	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP	
TITLE		TITLE	Secretary
NAME		NAME	Gale Williams
STREET ADDRESS		STREET ADDRESS	2512 6th Street West
CITY-ST-ZIP		CITY-ST-ZIP	Lehigh Acres, FL 33971
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_